

Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:			
ED08-0011-01	1	July 1, 2008	ESS			
5. CONTRACTOR NAME AND	ADDRESS:		***			
4 Success Schools, LLC						
5727 North Black Canyon Fw	ry.					
Phoenix, AZ 85015						
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the						
Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments						
7 DUDDOCE OF MODIFICATION. To extend the contract on additional year and initiate a new prining schedule						

- 8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:
 - A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
 - **B.** Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT. IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.				
CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:			
4 Success Schools LLC				
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:			
TYPED NAME: Lund	TYPED NAME: Douglas C. Peeples, MBA, CPPB, CPCM			
TITUE: Coordinator	TITLE: Procurement Administrator			
DATE: 7-3-08	DATE: 6 /27/06			

4 Success Schools, LLC

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY2008-2009

Please complete for each category you are approved to serve:

Disability Category	□ Daily □ Rate	Days in Calendar	Annual Rate
A: Autism	\$115.00	180	\$20700.00
EDP: Emotional Disability/Separate Facility/Private School	115.00	180	20700.00
HI: Hearing Impairment	Jará Percua II		
MD: Multiple Disabilities (Please check combinations served)	115.00	180	20700.00
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served)			
MIMR: Mild Mental Retardation	115.00	180	20700.00
MOMR: Moderate Mental Retardation	115.00	180	20700.00
OHI: Other Health Impairment	113.00	180	20340.00
OI: Orthopedic Impairment			13 (Minus and James 1971)
PMD: Preschool-Moderate Delay	ii in eeri		
PSD: Preschool-Severe Delay	Harmak		
PSL: Preschool-Speech/Language Delay			gerafia, salstanni
SLD: Specific Learning Disability	113.00	180	20340.00
SLI: Speech/Language Impairment	115.00	180	20340.00
SMR: Severe Mental Retardation	300000		
TBI: Traumatic Brain Injury	113.00	180	20340.00
VI: Visual Impairment			
。 第15章 1955年第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十			
Alternative General Education: for At-Risk students	115.00	180	20700.00

If payment is made within ____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ___%. (Refer to Uniform Instructions To Offerors for discount requirements.)

4 Success Schools, LLC

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$90.00/hr
Occupational Therapy	YES	NO	90.00/hr
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	Missee and the second
Counseling/Guidance for Students	YES	NO	\$125.00/hr as needed
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	ing the second s
Recreation	YÉS	YES	
School Health Services	YES	YES	
Medical	NO	NÓ	
Transportation	NO	NO	
Other: OSS	YES	NO	98.00
Other:	NO	NO	
Other:	NÖ	NO	To we will no wight at their new meaning of the
Extended School Year	NO	YES	Modified Year - Round Calendar

ou are approve	eck all grades for whic
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☐ PreSchool ⊠ Ki	ndergarten 🗵 First	⊠ Second ⊠ 7	Γhird ⊠ Fourth	⊠ Fifth
⊠ Sixth ⊠ S	eventh 🗵 Eighth	⊠ Ninth ⊠ 1	Tenth ⊠ Eleventh	



Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

1. AGREEMENT NO.: ED08-0011-02	2. MODIFICATION NO.:	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME A A New Leaf 868 East University Mesa, AZ 85203	AND ADDRESS:		
Contract, and Uniform Term	IFICATION: Special Terms and Co s and Conditions, page 14, paragraph ATION: To extend the contract an a	15A, Contract Changes, Amendme	nts

- 8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:
 - A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
 - B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

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IN WITNESS WHEREOF THE PARTIES HER	RETO SIGN THEIR NAMES IN AGREEMENT.
CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:
PRETABOJARITANA Aba ANEMENT	
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:
mondo	HO/cooper
TYPED NAME: Michael T. Hughes	TYPED NAME: Douglas C. Peeples, MBA, CRYB, CPCM
TITLE: LEO	TITLE: Procurement Administrator
1/15/08	DATE://on/~-/

William K. Eaton School

	d to earve:		
Please complete for each category you are approve	d to serve.		101
	1		
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School	K-8- 103.39 9-12- 105.23	243	20,574.61 20,940.77
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served)			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) SVI/SHI SVI/MOMR SVI/SMR SVI/EDP SHI/MOMR SHI/SMR SHI/EDP	,		
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay		, *	
SLD: Specific Learning Disability	K-8-35.00 9-12- 35.00	243	6,965
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment	<u> </u>		
Alternative General Education: for At-Risk students			

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

William K. Eaton School

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Please complete entire form : Rate/unit Included in Daily Available? **Related Services** (if not included) Rate? Speech/Language YES YES Therapy NO NO Occupational Therapy NO Physical Therapy NO NO NO Audiology NO. Pre-vocation/Vocational NO Counseling/Guidance for YES YES Students Parent Counseling and NO NO Training **Psychoeducational** NO NO Assessments NO NO **Psychological Services** YES Recreation YES YES YES School Health Services NO NO Medical NO NO **Transportation** NO NO Other: NO NO Other: NO NO Other: NO **Extended School Year** NO

Check all grades for which you are approved:						
☐ PreSchool	☐ Kindergarten	☐ First	Second	Third	☐ Fourth	Fifth
Sixth Sixth	Seventh Seventh	Eighth	⊠ Ninth	▼ Tenth		



Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:			
ED08-0011-03	1	July 1, 2008	ESS			
5. CONTRACTOR NAME AND Academic Behavioral Alterna						
1835 east Guadalupe Road, #		•				
· · · · · · · · · · · · · · · · · ·	103					
Tempe, AZ 85238						
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the						
Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments						
7 DIDDOCE OF MODIFICATION. To extend the contract on additional year and initiate a new pricing schedule						

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CONTRACTOR	ARIZONA DEPARTMENT OF EDUCATION:				
CBHSP Arizona, Inc. / Academic Behavioral Alternostives	AMENIA DELACTION OF EDUCATION				
1835 E. Goudalyoe Rd, 4103 Tempe, AZ 85283					
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:				
LDL.L	NCVientos				
TYPED NAMÉ:	TYPED NAME:				
Erik L. Ryan	Douglas C. Peeples, MBA, CPPB, CPCM				
TITLE:	ETTLE:				
Vice President, Educational Services Procurement Administrator					
DATE:	DATE: // / 7 / A				
07/08/08	W/X1/08				

CBHSP Arizona, Inc. dba Academic Behavioral Alternatives

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY 2008-2009

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$209	180	\$37,620
EDP: Emotional Disability/Separate Facility/Private School	\$150	180	\$27,000
HI: Hearing Impairment	NA	NA :	NA
MD: Multiple Disabilities (Please check combinations served)	\$209	180	\$37,620
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) SVI/SHI SVI/MOMR SVI/SMR SVI/EDP	NA	NA	NA
MIMR: Mild Mental Retardation	\$150	180	\$27,000
MOMR: Moderate Mental Retardation	\$209	180	\$37,620
OHI: Other Health Impairment	\$150	180	\$27,000
OI: Orthopedic Impairment	\$150	180	\$27,000
PMD: Preschool-Moderate Delay	NA	NA	NA
PSD: Preschool-Severe Delay	NA	NA	NA
PSL: Preschool-Speech/Language Delay	NA	NA	NA NA
SLD: Specific Learning Disability	\$150	180	\$27,000
SLI: Speech/Language Impairment	\$150	180	\$27,000
SMR: Severe Mental Retardation	\$209	180	\$37,620
TBI: Traumatic Brain Injury	\$209	180	\$37,620
VI: Visual Impairment	NA	NA	NA
Alternative General Education: for At-Risk students	\$150	180	\$27,000

If payment is made within \underline{NA} calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by \underline{NA} %. (Refer to Uniform Instructions To Offerors for discount requirements.)

CBHSP Arizona, Inc. dba Academic Behavioral Alternatives

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$105/hr.
Occupational Therapy	YES	NO	\$105/hr.
Physical Therapy	YES	ŃΦ	\$105/hr.
Audiology	ŃÖ	NO	NA NA
Pre-vocation/Vocational	YES	YEŚ	NA U
Counseling/Guidance for Students	YES	NO	\$105/hr.
Parent Counseling and Training	YES	NO	\$105/hr.
Psychoeducational Assessments	YES	NO	\$105/hr.
Psychological Services	YES	NO	\$105/hr.
Recreation	YES	YES	NA
School Health Services	NÖ	NO	NA .
Medical	NO	NO	NA NA
Transportation	NØ	NO	NA NA
Other: 1:1 Aide	YES	NO	\$25.00/hr.
Other:	NÓ	NO	NA
Other:	NO	NO	NA NA
Extended School Year	YES	NO	ED/MIMR: \$100/day A/MD: \$124/day

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		ool 🛛 Kinderg	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
ejend gjerresid elender	⊠ Sixth	⊠ Sevent	h 🛛 Eig	hth 🔲 N	inth 🔲	Tenth 🔯	Eleventh	



Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:	
ED08-0011-04	1	July 1, 2008	ESS	
5. CONTRACTOR NAME AN				
Alternatives Unlimited, Inc				
8508 Loch Raven Blvd., Su	ite E			
Baltimore, MD 21286				
6. AUTHORITY FOR MODII	FICATION: Special Terms and Co	nditions, page 7, paragraph 5A, Op	tion to Extend the Term of the	
Contract, and Uniform Terms	and Conditions, page 14, paragraph	5A, Contract Changes, Amendme	nts	
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule				

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CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:				
Alternatives Unlimited	1				
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE OF AUTHORIZED INDIVIDUAL: SIGNATURE:				
I AM TO THE STATE OF THE STATE	H Wieples				
TYPED NAME	TYPED NAME:				
LANRA BRISTOW	Douglas C. Peeples, MBA, CPPB, CPCM				
TITLE: VP BUSINESS SUCS TITLE: Procurement Administrator					
DATE: 7/2/08	DATE: 6/27/08				

Alternatives Unlimited, Inc.

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY<u>09</u>

Please complete for each category you are approved to serve:

Disability Category.	Dailly Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School	115.50	210	\$24,255
HI: Hearing Impairment			1964) 1964 - Fritz B. (1964)
MD: Multiple Disabilities (Please check combinations served)			
VI/EDVI/MIMRHI/MOMRHI/OI HI/SLDHI/EDHI/MIMROI/MOMR OI/SLDOI/EDOI/MIMRMOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served)			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			ya ya gale dha ka ka wa wale
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay		i Sanatherre, at the city Sanatherre, at the city	
PSD: Preschool-Severe Delay			jugum kun likus eta jatilik
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	115.50	210	\$24,255
SLI: Speech/Language Impairment		Transport of the second	<u>. And a substitution of any c</u>
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	John D. Kolle Breit W		<u> 1 18</u>
VI: Visual Impairment	and the standards of the said		
Alternative General Education: for At-Risk students	115.50	180	\$20,790

If payment is made within ____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ___ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

<u>Alternatives Unlimited, Inc.</u>

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Related Services Available? Included in Daily Rate?		Rate/unit (if not included)	
Speech/Language Therapy	YES	YES		
Occupational Therapy	YES	NO	\$75.00/hour	
Physical Therapy	YES	NO	\$75.00/hour	
Audiology	YES	NO	\$75.00/hour	
Pre-vocation/Vocational	YES	YES		
Counseling/Guidance for Students	YES	YES		
Parent Counseling and Training	YES	YES		
Psychoeducational Assessments	YES	NO	100.00/hour	
Psychological Services	YES	YES		
Recreation	YES	YES	Projection in the second	
School Health Services	YES	YES		
Medical	NO	NO		
Transportation	YES	NO	\$20.00, one way/student	
Other: Social Worker	YES	YES		
Other:	PLEASE INDICATE	PLEASE INDICATE		
Other:	PLEASE INDICATE	PLEASE INDICATE		
Extended School Year	YEŚ	YES	except alternative	

إز	heck all grades for which you are approved:	- 12 1 1 414 - 1
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	□ PreSchool ⊠ Kindergarten ⊠ First ⊠ Second ⊠ Third ⊠ Fourth ⊠ I	-ifth
1	- Ting in the company in the company is the property of the company in the comp	
Г	⊠ Sixth ⊠ Seventh ⊠ Eighth ⊠ Ninth ⊠ Tenth ⊠ Eleventh ⊠	i welttr



Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:		
ED08-0011-05	1	July 1, 2008	ESS		
5. CONTRACTOR NAME AND	ADDRESS:				
ACCL					
10251 N. 35 th Avenue					
Phoenix, AZ 85051					
6. AUTHORITY FOR MODIFIC	CATION: Special Terms and Cond	itions, page 7, paragraph 5A, Option	to Extend the Term of the		
Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments					
7 PURPOSE OF MODIFICATION. To extend the contract an additional year and initiate a new pricing schedule					

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CONTRACTOR: ACCEL ARIZONA DEPARTMENT OF EDUCATION:				
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:			
TYPED NAME: CONVIE F. LAIRD	TYPED NAME: Douglas C. Peeples, MBA, CPPB, CPCM			
TITLE: , EXECUTIVE DIRECTOR	TITLE: Procurement Administrator			
DATE: 7/10/08	DATE: 6/27/08			

ACCEL

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY 2008/2009

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$200.00	180	\$36,000
EDP: Emotional Disability/Separate Facility/Private School	\$200.00	180	36,000 .
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) □VI/HI ☑VI/MOMR ☑VI/OI ☑VI/SLD ☑VI/ED ☑VI/MIMR □HI/MOMR □HI/OI □HI/SLD □HI/ED □HI/MIMR ☑OI/MOMR ☑OI/SLD ☑OI/ED ☑OI/MIMR ☑MOMR/ED	\$200.00	180	\$36,000
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) ☐SVI/SHI ☐SVI/MOMR ☐SVI/SMR ☐SVI/EDP ☐SHI/MOMR ☐SHI/SMR ☐SHI/EDP	\$200.00	180	\$36,000
MIMR: Mild Mental Retardation	\$183.33	180	\$33,000
MOMR: Moderate Mental Retardation	\$200.00	180	\$36,000
OHI: Other Health Impairment	\$183.33	180	\$33,000
OI: Orthopedic Impairment	\$183.33	180	\$33,000
PMD: Preschool-Moderate Delay	\$127.78	180	\$23,000
PSD: Preschool-Severe Delay	\$144.44	180	\$26,000
PSL: Preschool-Speech/Language Delay	\$127.78	180	\$23,000
SLD: Specific Learning Disability	\$183.33	180	\$33,000
SLI: Speech/Language Impairment	\$183.33	180	\$33,000
SMR: Severe Mental Retardation	\$200.00	180	\$36,000
TBI: Traumatic Brain Injury	\$183.33	180	\$33,000
VI: Visual Impairment	\$200.00	180	\$36,000
Alternative General Education: for At-Risk students			

If payment is made within 10 calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 1 %. (Refer to Uniform Instructions To Offerors for discount requirements.)

ACCEL will charge districts an interest based service charge on the late payment of bills. Service charge is 1% on the unpaid balance each month starting after 30 days from invoice date of bill.

<u>ACCEL</u>

ATTACHMENT 6.1 FEE SCHEDULE PART II. AMENDMENT FOR FY08/09

Please complete entire form :

Related Services	Available?	Rate/unit (if not included)	
Speech/Language Therapy	YES	NO	\$100/hour
Occupational Therapy	YES	NO	\$100/hour
Physical Therapy	YES	NO	\$100/hour
Audiology	NO	NO	NA
Pre-vocation/Vocational	YES	YES	Alexander of the second
Counseling/Guidance for Students	YES	NO	\$100/hour
Parent Counseling and Training	NO	NO	NA PARA
Psychoeducational Assessments	NO	NO	NA .
Psychological Services	NO	NO 4	, NA
Recreation	YES	, YES	
School Health Services	YES	YES	un an in a file of the magnetic
Medical	NO	NO	NA
Transportation	NO	NO	NA
Other: Vocational Evaluations	YES	NØ	\$100/hour
Other: 1 : 1 Staff	YES	NO	\$100/day
Other: 1 : 1 Behavior Tech	YES	NO	\$100/day
Extended School Year	YES	7 Commission NO Bible Dec	see attached

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Спеск	all (rades	tor wr	ncn y	you are a	pprovea:

⊠ PreSchool	⊠ Kindergarten	⊠ First ∑	☑ Second 🖂	Third 🔀 Fourt	h 🛭 Fifth
⊠ Sixth	⊠ Seventh	⊠ Eighth 🖂] Ninth 🖂	Tenth 🔀 Eleve	nth 🛭 Twelfth

ACCEL

ESY RATE SCHEDULE 2008-2009 ATTACHMENT 6.1

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A	\$195.00	20	\$3,900
EDP	\$195.00	20	\$3,900
MD (VI/MOMR, VI/OI, VI/SLD, VI/ED, VI/MIMR/ OI/MOMR, OI/SLD, OI/ED, OI/MIMR, MOMR/ED)	\$195.00	20	\$3,900
MDSSI (SVI/MOMR, SVI/SMR, SVI/EDP)	\$195.00	20	\$3,900
MIMR	\$175.00	20	\$3,500
MOMR	\$195.00	20	\$3,900
ОНІ	\$175.00	20	\$3,500
OI	\$175.00	20	\$3,500
PMD	\$145.00	20	\$2,900
PSD	\$145.00	20	\$2,900
PSL	\$145.00	20	\$2,900
SLD	\$175.00	20	\$3,500
SU	\$175.00	20	\$3,500
SMR	\$195.00	20	\$3,900
TBI	\$175.00	20	\$3,500
VI	\$195.00	20	\$3,900



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1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:					
ED08-0011-06	1	July 1, 2008	ESS					
5. CONTRACTOR NAME AND	ADDRESS:							
Chrysalis Academy								
610 East Baseline Road								
Tempe, AZ 85238		•						
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the								
Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments								
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule								

- 8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:
 - A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
 - **B.** Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT. IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.							
CONTRACTOR: Chrysalis Academy	ARIZONA DEPARTMENT OF EDUCATION:						
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: A COMMISSION OF THE SIGNATURE:						
TYPED NAME: J. RICE	TYPED NAME: Douglas C. Peeples, MBA, CPPB, CPCM						
TITLE: CO-OWNEY DIrector	TITLE: Procurement Administrator						
DATE: 7/7/08	DATE: 6/27/08						

CHEYSALIS ALADEMY -TYPE SCHOOL/FACILITY NAME HERE

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Please complete for each category you are approved to serve:

Please complete for each category you are approve			
		Sections (in	
A: Autism	*\SD."	215	*32,250.°°
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served)			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served)			
MIMR: Mild Mental Retardation	#150.°°	215	\$32,250,00
MOMR: Moderate Mental Retardation			is The colorest to the world
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment	*150°°	215	#32,250.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			Albania saman
VI: Visual Impairment	a ce la contacta de cominación de la contacta de la	Marie Privation de la colonia de la	the state of the s
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ___%. (Refer to Uniform Instructions To Offerors for discount requirements.)

CHRYSALIS ACADEMY <u>TSYRESCHOOL/FACTIONS NAMESTICKE</u>

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	PLEASE INDICATE	PLEASE INDICATE	# 9000
Occupational Therapy	PLEASE INDICATE	PLEASE INDICATE	# 90°°°
Physical Therapy	PLEASE INDICATE	PLEASE INDICATE	
Audiology	PLEASE INDICATE	PLEASE INDICATE	
Pre-vocation/Vocational	PLEASE INDICATE	PLEASE INDICATE	
Counseling/Guidance for Students	PLEASE INDICATE	PLEASE INDICATE	
Parent Counseling and Training	PLEASE INDICATE	PLEASE INDICATE	# 90.00
Psychoeducational Assessments	PLEASE INDICATE	PLEASE INDICATE	
Psychological Services	PLEASE INDICATE	PLEASE INDICATE	Berésta Lais Luciery
Recreation	PLEASE INDICATE	PLEASE INDICATE	
School Health Services	PLEASE INDICATE	PLEASE INDICATE	
Medical	PLEASE INDICATE	PLEASE INDICATE	
Transportation	PLEASE INDICATE	PLEASE INDICATE	
Other: One on one aid	LPLEASE INDICATE	PLEASE INDICATE	#225/day
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	PLEASE INDICATE	PLEASE INDICATE	

Check all grade	s for which you	are approve)d;			
i de la companya della companya della companya de la companya della companya dell						<u> </u>
PreSchool	Kindergarten	∆_Pirs t	∟ YSecoi	nd 🖰 Third	Fourth	Fifth
			. (1.1 <u>1-11</u> 9)(1.74)(1.1		AR <mark>iak</mark> ijan die Joh	
☑ Sixth	Seventh	(나 Eighth	_ ∐ -Minth	U Tenth	□ (Eleventh	Twelfth



Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:						
ED08-0011-07	1	July 1, 2008	ESS						
5. CONTRACTOR NAME AN	D ADDRESS:								
Desert Choice Schools, LLC									
1110 East Missouri Avenue									
Phoenix, AZ 85014									
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the									
Contract, and Uniform Terms a	nd Conditions, page 14, paragraph	5A, Contract Changes, Amendmen	nts						
7 DUDDOSE OF MODIFICAT	ION. To extend the contract on a	dditional year and initiate a new nr	icino schedule						

- 8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:
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IN WITNESS WREKEUF THE FAKTIES HER								
CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:							
Desert Choice Schools, L.L.C.								
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:							
Marshel Renge	Al Cheston							
TYPED NAME: / ///	TYPED NAME:							
marshall Langar	Douglas C. Peeples, MBA, CPPB, CPCM							
Managing Member	TITLE: Procurement Administrator							
DATE: 7,1,2008	DATE: 6/27/08							

DESERT CHOICE SCHOOLS

ATLACHMENT 6. FEESCHEDUEEPARTH ANTENDMENT FOR FY08/09

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	fDaysin Calandara	Annual Rate
A: Autism	\$127 ₋ 50	180	\$22,950.00
EDP; Emotional Disability/Separate Facility/Private School	\$127.50	180	\$22,950.00
HI: Hearing Impairment			C P
MD: Multiple Disabilities (Please check combinations served)	NO	nores	360 for - 2009
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) ☐SVI/SHI ☐ SVI/MOMR ☐SVI/SMR ☐SVI/EDP ☐SHI/MOMR ☐SHI/SMR ☐SHI/EDP		2000-	
MIMR: Mild Mental Retardation	\$127.60	180	\$22,950.00
MOMR; Moderate Mental Retardation	\$127,50	180	\$22,950.00
OHI: Other Health Impairment	\$127.50	180	\$22,950.00
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			Zoříke espoietor á
SLD: Specific Learning Disability	\$127.50	180	\$22,950.00
SLI: Speech/Language Impairment	\$127.50	180	\$22,950.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$150.00	180	\$27,000.00

If payment is made within ____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ___%. (Refer to Uniform Instructions To Offerors for discount requirements.)

FEESCHUDULE PART II SAMENDMENT FOR FX 08

Please complete entire form:

Related Services	Related Services Available? Included in Daily Rate?		Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$80.00/hr
Occupational Therapy	YES	NO	\$80.00/hr
Physical Therapy	YÉS	ON	\$80.00/hr
Audiology	ÑŌ	NO	
Pre-vocation/Vocational	NO	NO	Elementa linea elementa le men
Counseling/Guidance for Students	YES	МО	\$55.00/per 1/2 hr
Parent Counseling and Training	YES	NO	Negotiable
Psychoeducational Assessments	YES	NO	\$650.00/ea English
Psychological Services	YES	NO	\$55,00/per 1/2 hr
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	YES	NO	Negotiable
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	ОИ	
Extended School Year	YES	NO	\$90.00 per day

|--|

☐ PreSchool 🛛	Kindergarten	⊠ First	⊠ Second		⊠ Fourth	⊠ Fifth
_ ⊠ Sixth ⊠	Seventh	⊠ Eighth	Ninth ■ Ninth N	⊠ Tenth	⊠ Eleventh	ı ⊠ Twelft

No Increase for 2002-2009



Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:			
ED08-0011-08	1	July 1, 2008	ESS			
5. CONTRACTOR NAME AND	ADDRESS:					
Desert Voices Oral learning (Center		•			
3426 East Shea Blvd.	•					
Phoenix, AZ 85028						
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the						
Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments						
7 DUDDOSE OF MODIFICATI	ION. To sytand the contract on add	litional waar and initiate a new pri	oing cohodula			

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IN WITNESS WHEREOF THE PARTIES HER	RETO SIGN THEIR NAMES IN AGREEMENT.					
CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:					
Desert Voices						
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: Leville					
TYPED NAME:	TYPED NAME: Douglas C. Peeples, MBA, CPPB, CPCM					
TITLE: Executive Director	TITLE: Procurement Administrator					
DATE: 7-9-08	DATE: 6/27/08					

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DESERT VOICES

PAGE 02/03

DESERT VOICES

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Please complete for each category you are approved to serve: A: Autism EDP: Emotional Disability/Separate Facility/Private School \$19,000 185 \$102.70 HI: Hearing Impairment MD: Multiple Disabilities (Please check combinations UVI/HI UVI/MOMR UVI/OI UVI/SLD served) □VI/ED □VI/MIMR □HI/MOMR □HI/OI □HI/SLD □HI/ED □HI/MIMR □GVMOMR □OI/SLD □OI/ED □OI/MIMR □MOMR/ED MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) SVI/SHI SVIEDP SVIMOMR SVIJSMR SHIEDP SHI/SMR SHI/MOMR MIMR: Mild Mental Retardation MOMR: Moderate Mental Retardation OHI: Other Health Impairment OI: Orthopedic Impairment PMD: Preschool-Moderate Delay PSD: Preschool-Severe Delay PSL: Preschool-Speech/Language Delay SLD: Specific Learning Disability SLI: Speech/Language Impairment SMR: Severe Mental Retardation TBI: Traumatic Brain Injury VI: Visual Impairment Alternative General Education: for At-Risk students

If payment is made within ____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ___ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

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DESERT VOICES



Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NØ	NO	<u>i parkati A</u> M atau mengg
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	ÑÓ	NO	
Psychoeducational Assessments	NØ	NO	
Psychological Services	NØ	NO	
Recreation	NO	NO	Buga a damar edik
School Health Services	NO	NO	
Viedical	NO	NO	No Control Control Control
Transportation	NÓ	NO	
Other:	NÖ	NO	
Other:	NO	NO	
Other:	No	NO	Her Egill see was a seed
Extended School Year	NO	NO	



Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

1. AGREEMENT NO.: ED08-0011-09	2. MODIFICATION NO.:	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE: ESS				
5. CONTRACTOR NAME AND ADDRESS: Devereux Arizona 11000 N. Scottsdale Road, Ste 260							
Scottsdale, AZ 85254 6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments 7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule							

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CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:					
Devereux Arizona						
SIGNATURE OF AUTHORIZED DOIVIDUAL:	SIGNATURE:) Learly					
TYPED NAME: Love Martin-Rocker	TYPED NAME: Douglas C. Peeples, MBA, CPPB, CPCM					
TITLE: Executive Director	TITLE: Procurement Administrator					
DATE: 7/3/08	DATE: 6/27/08					

DEVEREUX ARIZONA

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY09

Please complete for each category you are approved to serve:

Disability Category	Darlly Raite	Days in Calendar	Annual Rate
A: Autism	\$147	180	\$26,460
EDP: Emotional Disability/Separate Facility/Private School	\$147	180	\$26,460
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served)	\$147	180	\$26,460
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served)			
MIMR: Mild Mental Retardation	\$147	180	\$26,460
MOMR: Moderate Mental Retardation	\$147	180	\$26,460
OHI: Other Health Impairment	\$147	180	\$26,460
OI: Orthopedic Impairment	\$147	180	\$26,460
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			<u>and the state of </u>
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$147	180	\$26,460
SLI: Speech/Language Impairment	\$147	180	\$26,460
SMR: Severe Mental Retardation	9. Para da		
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$147	180	\$26,460
Witer Harry Certain Education: In Vi-1/19V Strateties	Ψ1 7 1	3	Ψ2,-100

If payment is made within _____calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ___ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

DEVEREUX ARIZONA

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY09

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$78/hr
Occupational Therapy	YÉS	NO	\$78/hr
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	\$78/hr
Parent Counseling and Training	YES	ŃO	\$78/hr
Psychoeducational Assessments	YES	No	\$50/hr
Psychological Services	YES	NO	\$50/hr
Recreation	YES	YES	
School Health Services	YES	YEŚ	
Medical	NO	NO	
Transportation	ÝES	NO sign	\$78/hr
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$147/day

Check all grades for which you are approved:

⊠ PreSchool	⊠ Kindergarten ⊠] First 🔀 Sec	ond 🛛 Third	⊠ Fourth	⊠ Fifth
⊠ Sixth	Seventh Seventh] Eighth 🛛 Nint	h 🔀 Tenth		



Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:			
ED08-0011-10	1	July 1, 2008	ESS			
5. CONTRACTOR NAME ANI		·				
Foundation For Blind Childre	en .					
1235 E. Harmont						
Phoenix, AZ 85020						
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the						
Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments						
7 DUDDOSE OF MODIFICATO	ION. To sytand the contract on odd		a sahadula			

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CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:				
Foundation For Blind Children					
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: Levels				
TYPED NAME:	TYPEDINAME:				
Marc Ashton	Douglas C. Peeples, MBA, CPPB, CPCM TITLE:				
TITLE:	Procurement Administrator				
DATE: 1-02.2008	DATE: 6/27/08				

FOUNDATION FOR BLIND CHILDREN/K-2

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY<u>2008-2009</u>

Please complete for each category you are approved to serve:

	In the second second second second	In the second se	Birtheressee (1985) Service (1985) (1985)
Disability Category	Dailly Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served)	\$140.27	180	\$25,250 (rate includes all appropriate therapies as developed by the IEP team including O&M services).
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served)	\$140.27	180	\$25,250 (rate includes all appropriate therapies as developed by the IEP team inclusing O&M services).
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation		sijo ero.	
OHI: Other Health Impairment		artjä <u>lla laalla ka</u>	:
OI: Orthopedic Impairment		geliter og er	
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay		<u> </u>	
PSL: Preschool-Speech/Language Delay	1919. l. 19 <u>. l</u> . 191	<u> </u>	
SLD: Specific Learning Disability		<u>, sasahan jarang sa</u>	
SLI: Speech/Language Impairment	s significant de la	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
SMR: Severe Mental Retardation		<u> </u>	
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by <u>NA</u> %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

FOUNDATION FOR BLIND CHILDREN/K-2

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form:

Please complete entire form	 La vata, D. Meyer, L. D. at leaf a fine build water. 	od Popelija iz pod poslava i kaja poslava i poslava. Nastaraj programa i pr	
Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	. :
Physical Therapy	YES	YES	
Audiology	NO	NO	<u> </u>
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	\$80.00/HOUR
Parent Counseling and Training	YES	NO	\$80.00/HOUR
Psychoeducational Assessments	NO	NÖ	
Psychological Services	NØ	NO	
Recreation	YËS	YES	
School Health Services	YES	YES	<u> </u>
Medical	NO	NO :	
Transportation	NO	NO -	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	<u>,</u>
Extended School Year	YES	NO management	\$500.00/WEEK

Other:	PLEASE INDICATE	PLEASE INDICATE	<u> </u>
Extended School Year	YES	NO	\$500.00/WEEK
Check all grades for which	you are approved:		
	arten ⊠ First ⊠ \$	Second Third F	ourth
☐ Sixth ☐ Sevent	h ☐ Eighth ☐ N	linth 🔲 Tenth 🔲 E	leventh Twelfth

FOUNDATION FOR BLIND CHILDREN/PRE-SCHOOL

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY<u>2008-2009</u>

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School		<u> </u>	
HI: Hearing Impairment	รคร์ แบบไปส์		
MD: Multiple Disabilities (Please check combinations served)			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served)			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation		es of People son in the	
OHI: Other Health Impairment			
OI: Orthopedic Impairment	Alemani		
PMD: Preschool-Moderate Delay	\$125.87	143	\$18,000 (the rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
PSD: Preschool-Severe Delay	\$125.87	143	\$18,000 (the rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
PSL: Preschool-Speech/Language Delay	\$125.87	143	\$18,000 (the rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
SLD: Specific Learning Disability			

SLI: Speech/Language Impairment		<u>to sake to to possible</u>	
SMR: Severe Mental Retardation		<u> </u>	
TBI: Traumatic Brain Injury		aanalo <u>kiis</u>	
VI: Visual Impairment	\$125.87	143	\$18,000 (the rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
Alternative General Education: for At-Risk students	NATA CLAS		

If payment is made within ____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by NA %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

FOUNDATION FOR BLIND CHILDREN/PRE-SCHOOL

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form:

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$75.00/HOUR
Occupational Therapy	YES	NÓ	\$75.00/HOUR
Physical Therapy	YÉS	NO	\$75.00/HOUR
Audiology	NO Section 1	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NØ	\$80.00/HOUR
Parent Counseling and Training	YES	No	\$80.00/HOUR
Psychoeducational Assessments	ŃŎ	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	

Medical	NO	NO	
Transportation	NO	NO	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	NO	\$500.00/WEEK
Check all grades for which yo	ou are approved:		
⊠ PreSchool ⊠ Kindergart	en 🗵 First 🔛 S	econd 🗌 Third 🔲 F	ourth
☐ Sixth ☐ Seventh	☐ Éighth ☐ Ni	nth □ Tenth □ E	leventh Twelfth



Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:		
ED08-0011-11	1	July 1, 2008	ESS		
5. CONTRACTOR NAME AND ADDRESS: Gateway Academy 14255 N. 76th Place, A 1 7655 (C. GELDINGE DE., A-Z					
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the					
Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments					
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule					

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.	9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.					
CONTRACTOR: ARIZONA DEPARTMENT OF EDUCATION:						
SIGNATURE OF AUTDORIZED INDIVIDUAL: SIGNATURE:						
1 de Jeanne						
TYPED NAME: TYPED NAME:						
O. ROBIN SWEET Douglas C. Peeples, MBA, CPPB, CPCM						
TITLE:						
EXECUTIVE DIRECTOR Procurement Administrator						
DATE: 1/7/08 DATE: 1/27/8/						

GATEWAY ACADEMY TYPE SCHOOLFACHTTY NAME HERE

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08/09

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Anmual Rate
A: Autism	\$250	180	\$45,000
EDP: Emotional Disability/Separate Facility/Private School	\$250	180	\$45,000
HI: Hearing Impairment		<u> Recention de la </u>	
MD: Multiple Disabilities (Please check combinations served)			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served)			
MIMR: Mild Mental Retardation			<u> 10-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0</u>
MOMR: Moderate Mental Retardation			<u>Carley</u> ad Sir <u>û</u> k
OHI: Other Health Impairment	\$250	180	\$45,000
OI: Orthopedic Impairment		ingererdust begit mod kita mga en militar be	<u>Allei energentzia</u>
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			field oues and the
PSL: Preschool-Speech/Language Delay	ani yesyi		Bartage (1866-1968)
SLD: Specific Learning Disability	\$250	180	\$45,000
SLI: Speech/Language Impairment	\$250	180	\$45,000
SMR: Severe Mental Retardation			<u> dinia dalamini</u>
TBI: Traumatic Brain Injury			
VI: Visual Impairment	Sayista establisher estab	ki di inimodelik a Chelevol.	
Alternative General Education: for At-Risk students			

If payment is made within $\underline{n/a}$ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by $\underline{n/a}$ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

CATELLAY ACADEMY

TYPE SCHOOL/FACILITY NAME HERE

ATTACHMENT 6.1 FEE SCHEDULE PART II AMIENDMENT FOR FY08

Please complete entire form:

Please complete entire form			<u>Militarii arin ayetten 11. esterli elitare</u>
Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	NO	NO	
Audiology	NØ	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	YES	NO	\$250/hour
Psychological Services	YES	NO	\$250/hour
Recreation	YES	YEŚ	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Music Therapy	YES	YEŚ	
Other: Equine Therapy	YEŚ	YES	
Other: Social Skills	YES	YES	eg Bibotega de La Stop fijb
Extended School Year	YES	YES	\$250 per day

Chec	ck all grad	les for Wi	าเcn you a	re approv	ea:					
		u akabaték d	falls Autobijs						K 7	
. □ F	PreSchool	⊠ Kind	ergarten	⊠ First	⊠ Se	cond $oxtimes$	Third 🛭	∫ Fourth	⊠ Fi	rth
٠	100011001		1 . Mr. 1	Florida Laborator Trada			Taristic existence		د د <u>حم</u> ار د	n er er er Nederlande
\boxtimes	Sivth	⊠ Sev	enth	⊠ Fighth	Nir	ith 🔯	Tenth 🗵	Eleventh	\bowtie T	welfth
)IXIII	. ⊠ oe≀	Cilui			- E-9		-3	·	



Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:
ED08-0011-12	1	July 1, 2008	ESS
5. CONTRACTOR NAME AN	D ADDRESS:		
Gompers Habilitation Center	r		
6601 N. 27 th Avenue			
Phoenix, AZ 85017			
6. AUTHORITY FOR MODIF	ICATION: Special Terms and Co	nditions, page 7, paragraph 5A, Option	to Extend the Term of the
Contract, and Uniform Terms a	nd Conditions, page 14, paragraph	5A, Contract Changes, Amendments	
7. PURPOSE OF MODIFICAT	ION: To extend the contract an a	dditional year and initiate a new pricir	ig schedule

- 8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:
 - A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
 - B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.							
IN WITNESS WHEREOF THE PARTIES HER	ETO SIGN THEIR NAMES IN AGREEMENT.						
CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:						
Gompers Habilitation Center	4						
SIGNATURE OF AUTHORIZED INDIVIDUAL: Thomas A. Deupster, PhD.	SIGNATURE: Levels						
TYPED NAME: Thomas A. Dempster, PhD	TYPED NAME: Douglas C. Peeples, MBA, CPPB, CPCM						
TITLE: Director of Education/Principal	TITLE: Procurement Administrator						
DATE: July 3, 2008	DATE: 6/27/08						

GOMPERS CENTER INC

GOMPERS SCHOOL at Gompers Habilitation Center

ATTACHMENT 6.1 AMENDMENT FOR FY2008 FEE SCHEDULE PART I

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate		
A: Autism	\$160	181	\$28,960		
EDP: Emotional Disability/Separate Facility/Private School	\$160	181	\$28,960		
HI: Hearing Impairment	\$160	181	\$28,960		
MD: Multiple Disabilities (Please check combinations served)	\$160	181	\$28,960		
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) ☐SVI/SHI ☐SVI/MOMR ☐SVI/SMR ☐SVI/EDP ☐SHI/MOMR ☐SHI/SMR ☐SHI/EDP	\$160	181	\$28,960		
MIMR: Mild Mental Retardation	\$160	181	\$28,960		
MOMR: Moderate Mental Retardation	\$160	181	\$28,960		
OHI: Other Health Impairment	\$160	181	\$28,960		
OI: Orthopedic Impairment	\$160	181	\$28,960		
PMD: Preschool-Moderate Delay			uwate sili espirate a mataka		
PSD: Preschool-Severe Delay					
PSL: Preschool-Speech/Language Délay					
SLD: Specific Learning Disability	\$160	181	\$28,960		
SLI: Speech/Language Impairment	\$160	181	\$28,960		
SMR: Severe Mental Retardation	\$160	181	\$28,960		
TBI: Traumatic Brain Injury	\$160	181	\$28,960		
VI: Visual Impairment	\$160	181	\$28,960		
Alternative General Education: for At-Risk students					

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ___ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

05/01/2008 10:51 6023360249

TYPE SCHOOL/FACILITY NAME HERE

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$75/hr Direct \$50/hr Group
Occupational Therapy	YES	NO	\$75/hr Direct \$50/hr Group
Physical Therapy	YES	NO	\$75/hr Direct \$50/hr Group
Audiology	NO	NO	ingara in careeri
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	No	NO	
Psychological Services	NO	NO	A Service of the man areas.
Recreation	YES	YES	
School Health Services	YES	YES	Warran area wa
Medical	NO	NO	
Transportation	NO	NO	alkhordarid alla artis rejet
Other: Recreation Therapy	YES	NO	\$65/hr Direct \$45/hr Group
Other: Therapy Evaluation	YES	NO	Hourly rate X 3 plus \$50
Other: 1-to-1 Paraprofessional	YES	02	\$105/day
Extended School Year	YES	NO	\$125/day

				es									

á <mark>tan</mark> ⊈alasta	(C'')		14.4 <u>4.4</u> 2.21.71.42.31		
PreSchool	⊠ Kindergart	en IX First	IXI Second		ırth IXI Fifth
4					
♥ Civth	☑ Cavanth	⊠ Eighth	MILLEALE	M Tanah M Cla	





Procurement Section and the procurement Section and the procure of the procure of

AGREEMENT MODIFICATION

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:
ED08-0011-13	1	July 1, 2008	ESS
The Hi-star Center for Chil 300 8507 N. 43rd Avenue Phoenix, AZ 85019			
Contract, and Uniform Terms	FICATION: Special Terms and Co and Conditions, page 14, paragraph TION: To extend the contract an a	5A, Contract Changes, Amendme	nts

- 8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:
 - A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
 - B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

TOO DESCRIPTION OF PERSONS ASSESSED.

HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNC	NDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT CHANGED AND IN FULL EFFECT. LETO SIGN THEIR NAMES IN AGREEMENT.						
CONTRACTOR: ARIZONA DEPARTMENT OF EDUCATION:							
THE HI-STAR CENTER							
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: See les						
TYPÉD NAME:	TYPED NAME:						
KRISTIN E. TEXADA	Douglas C. Peeples, MBA, CPPB, CPCM						
TITLE:	TITLE:						
PROGRAM DIRECTOR	Procurement Administrator						
DATE: 7/14/08	DATE: 6/27/08						

HI-STAR CENTER FOR CHILDREN

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY 2008 - 2009

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$163.00	180	\$29,340.00
EDP: Emotional Disability/Separate Facility/Private School	\$163.00	180	\$29,340
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served)	\$163.00	180	\$29,340
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) SVI/SHI SVI/MOMR SVI/SMR SVI/EDP SHI/MOMR SHI/SMR SHI/EDP			
MIMR: Mild Mental Retardation	\$163.00	180	\$29,340
MOMR: Moderate Mental Retardation	\$163.00	180	\$29,340
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$163.00	180	\$29,340
SLI: Speech/Language Impairment	\$163.00	180	\$29,340
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
			The second secon
Alternative General Education: for At-Risk students			. [

If payment is made within <u>NA</u> calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by <u>___</u> %. (Refer to Uniform Instructions To Offerors for discount requirements.)

HI-STAR CENTER FOR CHILDREN

ATTACHMENT 6.1 AMENDMENT FOR FY08 FEE SCHEDULE PART II

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	NO	NO	
Medical	NO	NO	/
Transportation	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Other:	. NO	NO	
Extended School Year	YES	NO	\$2,771.00

Check all grades for which you are approved:							
PreSchool	⊠ Kindergarten	⊠ First	⊠ Second		⊠ Fourth	⊠ Fifth	
⊠ Sixth	⊠ Seventh		⊠ Ninth				



Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

I. AGREEMENT NO.: ED08-0011-14	2. MODIFICATION NO.:	3. EFFECTIVE DATE: July 1, 2008	4. PROGRAM OFFICE.
5. CONTRACTOR NAME AN Howard S. Gray Education F @ Banner Behavioral Health	rogram Hospital-Scottsdale		
6 AUTHORITY FOR MODIF	TION: To extend the contract an a	nditions, page 7, paragraph SA, C 15A, Contract Changes, Amendm additional year and initiate a new	Option to Extend the Term of the lents pricing schedule

- 3. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:
 - A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
 - n. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

MIDAG AND COM	DUDONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT
ON THE STATE OF	
IN WITNESS WHEREOF THE PARTIES HER	ETO SIGN THEIR NAMES IN AGREEMENT.
IN WITNESS WHEREOF THE CAST	ARIZONA DEPARTMENT OF EDUCATION:
CONTRACTOR: Gray Education Program HOWALD S. Gray Education Program O Banner Blyavioral Health Hosp Scott-dale SCONATURE OF AUTHORIZED INDIVIDUAL:	1
SCHATURE OF AUTHORIZED INDIVIDUAL:	
Spari arlsted	TYDED NAME:
TYPED NAME: Carlsted	Douglas C. Peoples, MBA, CPPB, CPCM TITLE:
TITLE: Principal	Procurement Administrator
DATE: 7-21-08	DATE: 6/27/0x

Howard S. Gray Education Program

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY2008-2009

Please complete for each category you are approved to serve:

Please complete for each category you are approved Disability Category	Daily Rate	Days in Calendar	Annual Rate
	\$130.00	181	\$23,530.00
A: Aufism	\$130.00	181	\$23,530.00
EDP: Emotional Disability/Separate Facility/Private School	ψ100.02		
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served)			and the second s
MD-SSI: Multiple Disabilities/Severe Sensory impairment (Please check combinations served)			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			\$23,530.00
OHI: Other Health Impairment	\$130.00	181	\$23,330.00
Ot: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			700 700 00
SLD: Specific Learning Disability	\$130.00	181	\$23,530.00
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Rick students	\$130.00	181	\$23,530.00

It payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ___ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Howard	S. Gra	ny Educatio	on Program
Howard	S. Gra	ry Education	on Floria

ATTACHMENT 6.1 AMENDMENT FOR FY08 FEE SCHEDULE PART II

lease complete entire form			Rate/unit
Related Services	Available?	included in Daily Rate?	(if not included)
Speech/Language	YES	NO	\$26.00 /15 min unit \$325.00 /Evaluation
Therapy		NO	\$23.00 /15 min unit
Occupational Therapy	YES		
Physical Therapy	PLEASE INDICATE	PLEASE INDICATE	
Audiology	PLEASE INDICATE	PLEASE INDICATE	
Pre-vocation/Vocational	PLEASE INDICATE	PLEASE INDICATE	
Counseling/Guidance for	YES	NO	\$26.00 /15 min unit
Students Parent Counseling and	PLEASE INDICATE	PLEASE INDICATE	
Training Psychoeducational	PLEASE INDICATE	PLEASE INDICATE	
Assessments	PLEASE INDICATE	PLEASE INDICATE	
Psychological Services	PLEASE INDICATE	PLEASE INDICATE	
Recreation	PLEASE INDICATE	PLEASE INDICATE	
School Health Services	PLEASE INDICATE	The state of the s	
Medical	PLEASE INDIOXIC		\$50.00/ day for
Transportation	YES	NO	only select specific districts
	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE		
Other:			
Other:	PLEASE INDICATE	YES	\$80.00/ day
Extended School Year	YES	TEO	

chack all grade	es for which you a	ste abbroved	<u> *</u>			CZ #:#b
			☐ Second	Third	☐ Fourth	
PreSchool		1		⊠ Tenth	⊠ Eleventh	▼ Twelfth
™ ciuth	⊠ Seventh	🔀 Eighth	Ninth	NZ LOUIS		



Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:				
ED08-0011-15	1	July 1, 2008	ESS				
5. CONTRACTOR NAME AND	ADDRESS:						
Life development Institute							
18001 N. 79 th Avenue							
Glendale, AZ 85308							
6. AUTHORITY FOR MODIFICATION: Special Terms and Conditions, page 7, paragraph 5A, Option to Extend the Term of the							
Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments							
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule							

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

CONTRACTOR:

ARIZONA DEPARTMENT OF EDUCATION:

SIGNATURE:

SIGNATURE:

TYPED NAME:

Douglas C. Peeples, MBA, CPPB, CPCM

TITLE:

Procurement Administrator

DATE:

7-2-08

Life Development Institute

ATTACHMENT 6.1 FEF.SCHEDULE PART I AMENDMENT FOR FY

Please complete for each category you are approved to serve:

Disability Category	Daily Raite	Days in Calendar	Annual Rate
A: Autism	\$140	180	\$25,200
EDP: Emotional Disability/Separate Facility/Private School	\$140	180	\$25,200
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served)			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served)			
MIMR: Mild Mental Retardation	\$140	180	\$25,200
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$140	180	\$25,200
⊙l: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay		Ramana (1977) Ramana Ramana	
PSL: Preschool-Speech/Language Delay			XedexXX caseXX
SLD: Specific Learning Disability	\$140	180	\$25,200
SLI: Speech/Language Impairment	\$140	180	\$25,200
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment	i osas inamenta i mei		
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ___ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

TYPE SCHOOL/FACILITY NAME HERE

ATTACHMENT 6:1 FEE SCHIEDULE PART H. AMENDMENT FOR FY08

×	100						100	100 100 100	40.00	10 to	Reservation to the second second
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Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	NÓ	NO	
Occupational Therapy	NÓ	NO	i da de la composição d
Physical Therapy	NÖ	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YĔŚ	
Counseling/Guidance for Students	YES	YES	Guidance included in rate/counseling \$75 1/2 hour
Parent Counseling and Training	YES	NO	\$75 1/2 hour
Psychoeducational Assessments	No	NO	
Psychological Services	NØ	NO	
Recreation	YES	YEŚ	
School Health Services	NO	NO	
Medical	NO	NO	Adding to the constitution
Transportation	NØ	NO	
Other:	YES	NO	Vocational Assessments \$500 Flat Rate
Other:	YES	NO	Independent Living skills Assessments \$750 Flat Rate
Other:	PLEASE INDICATE	PLEASE INDICATE	otav, and all oceans
Extended School Year	YES	NO	4 week summer session \$140 per day

			\$750 Flat Rate
Other:	PLEASE INDICAT	E PLEASE INDICATE	
Extended School Year	YES	NO	4 week summer session \$140 pe day
Check all grades for which y	ou are approved:		
☐ PreSchool ☐ Kindergar	ilandavadeli atikistadi	Second Third	Fourth



Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.: ED08-0011-16	2. MODIFICATION NO.:	July 1, 2008	4. PROGRAM OFFICE: ESS
5. CONTRACTOR NAME AN Neurologic Music Therapy S 2702 North 3 rd street, suite 1 Phoenix, AZ 85004	Services of Arizona		
Contract, and Uniform Terms a	nd Conditions, page 14, paragraph	nditions, page 7, paragraph 5A, Op n 5A, Contract Changes, Amendme additional year and initiate a new p	nts

- 8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:
 - A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
 - B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.						
IN WITNESS WHEREOF THE PARTIES HER	ETO SIGN THEIR NAMES IN AGREEMENT.					
CONTRACTOR: ARIZONA DEPARTMENT OF EDUCATION:						
Neuro baje Music Thempy Services of AZ						
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: Legylu					
TYPED NAME: Sozanne Oliver	TYPED NAME: Douglas C. Peeples, MBA, CPPB, CPCM					
TITLE: Executive, Director	TITLE: Procurement Administrator					
DATE: 7/2/08	DATE: 6/27/08					

ACT Program/Neurologic Music Therapy Services of Arizona NO RATE CHANGE

PER SCHEDIENCE STATE DE LA SENTE DE LA SEN

Please complete for each category you are approved to serve:

A: Autism	\$157	180	\$28,260
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served)			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) SVI/SHI SVI/MOMR SVI/SMR SVI/EDP SHI/MOMR SHI/SMR SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI; Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			garingalayn ali yasiyasi
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment	entilozóits		
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment	a saa saa a saa ahaa ahaa ahaa ahaa ah	u liikuutsi ja esti oleetaa asik liiku	
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ___%. (Refer to Uniform Instructions To Offerors for discount requirements.)

ACT Program/Neurologic Music Therapy Services of Arizona

The state of the s	32.54 (2.35) (2.35) (2.46) (2.46) (2.46) (2.46) (2.46) (2.46) (2.46)	CAP STOTE OF DESCRIPTION OF THE PROPERTY OF THE CAPACITATION OF TH		T. 12 1 1.1 1.2 1 25 (0) 17 3 25 (0) 12 (1) 25 (2) 25 (1) 25 (1) 25 (1)
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The state of the s		2007 ID 1014 (1979) SERVICE PROPERTY OF SERVICE SERVIC	THE SUBSTITUTE ALTERNATION OF THE PROPERTY OF THE PARTY O	TOTAL IN MENTAL MEDIAN PLAN DESCRIPTION OF ASSAULT
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Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)	
Speech/Language Therapy	YES	NO	\$80.00/hour	
Occupational Therapy	YES	ÝES	garagi Nasaragaga satu sebagai	
Physical Therapy	NO	NO	\$80.00/hour	
Audiology	NO	NO		
Pre-vocation/Vocational	NO	NO	er British (n. j. j. 1885) er en er er er er er	
Counseling/Guidance for Students	NO	NO		
Parent Counseling and Training	YES	YES		
Psychoeducational Assessments	NO	NO		
Psychological Services	NO	NO NO	produced by the second section of the second section of the second section of the second section of the second	
Recreation	NO	NO	Though And Leave H	
School Health Services	NO	NO	organistic particular per ce <u>20</u>	
Medical	NÓ	NO	tu. Gr <u>eets</u> einede kon <u>nesti</u> tääsi ^t ä tä	
Transportation	NO	NO	<u>Parifilia i representa</u>	
Other: Neurologic Music Therapy/2x daily	YES	YES		
Other: Reading Specialist/daily	YES	YES		
Other: 1:1 Behavioral Support	YES	NO	\$84.00	
Extended School Year	NO	NO	10 milione in discourse	

	book all arado	s for which you	are approved:			egrégia e rejetività
v	Heck all Stane	S IVI WILLULI YVA	医多种性 医髓色 医二氏病 医精神 经收益的			
9 1	Theorem	☐ Kindergarten	☑ Circl	Second X	Third 🛛 Fou	rth 🛛 Fifth
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\$ K	7 51.44	⊠ Seventh	☐ Eighth [Ninth	Tenth TElev	enth 🗌 Twelfth
	☑ Sixth	☑ Sevelini	ا د این ۱۳۱۹ سیا		の可見 を 受けますと	



1. AGREEMENT NO.:

ARIZONA DEPARTMENT OF EDUCATION

Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

3. EFFECTIVE DATE:

4. PROGRAM OFFICE:

ED08-0011-17	-1	July 1, 2008	ESS
5. CONTRACTOR NAME AND ADD New Way Learning Academy	RESS:		
1300 N. 77 th Street			
Scottsdale, AZ 85257			
6. AUTHORITY FOR MODIFICATION	ON: Special Terms and Co	nditions, page 7, paragraph 5A, Option t	o Extend the Term of the
Contract, and Uniform Terms and Con			
7. PURPOSE OF MODIFICATION:	To extend the contract an a	dditional year and initiate a new pricing	schedule

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

2. MODIFICATION NO.:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

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IN WITNESS WHEREOF THE PARTIES HER	ETO SIGN THEIR NAMES IN AGREEMENT.					
CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:					
New Way learning Acade						
SIGNATURE OF AUTHORIZED INDIVIDUAL:	CSIGNA/JURE:					
Dawn Sutient	N Co lephe					
TYPED NAME:	TYPED NAME:					
Dawn Gutierres	Douglas C. Peeples, MBA, CPPB, CPCM					
Head of School	TITLE: Procurement Administrator					
DATE: 7/2/08 DATE: 1/27/08						
	* / / /					

NEW WAY LEARNING ACADEMY

AND ACHMENT 6.1 THE SCHEDULE PART I AVERTUMENT FOR INVOICE

Please complete for each category you are approved to serve:

segeales exiderabilità caregory de segeales.		iadolarysonna Resaltantelaus	Egyingi keliket
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served)			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) ☐SVI/SHI ☐ SVI/MOMR ☐SVI/SMR ☐SVI/EDP ☐SHI/MOMR ☐SHI/SMR ☐SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OH: Other Health Impairment	150)	180	
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			The state of the same of
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD Specific Learning Disability	150	180	
SLI; Speech/Language Impairment	150	180	
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment	temperatura est ka		
Alternative General Education: for At-Risk students			

If payment is made within $\underline{n/a}$ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by $\underline{n/a}$ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

NEW WAY LEARNING ACADEMY

Pendidis (Gilled Celendara)

	re form:

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)	
Speech/Language Therapy	YES	YES		
Occupational Therapy	YES	YES		
Physical Therapy	NO	NØ	NA	
Audiology	NO	NO ,	NA	
Pre-vocation/Vocational	NO	NO	NA	
Counseling/Guidance for Students	YES	YES		
Parent Counseling and Training	YES	YES		
Psychoeducational Assessments	YES	.no yes		
Psychological Services	YES	no yes		
Recreation	Y58' NO	YES MO	NA	
School Health Services	YES	YES		
Medical	NO	NO	NYA	
Transportation	NO	NO	WA	
Other: Music Therapy	XES PUB)	YES NO		
Other: Equine Therapy	XES Wa)	YES NO		
Other: Social Skills	YES	YES		
Extended School Year	YES	YES NO	1500 poor	

Check all grades PreSchool	J		Second V		Eourth Á Eifth
		Eighth [Second N	Tenth	Eleventh XTwelfth



1 ACREEMENT NO .

ARIZONA DEPARTMENT OF EDUCATION

Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

I. ACICEEMENT NO.	2. MODIFICATION NO.	J. EFFECTIVE DATE:	4. I KOOKAM OFFICE.
ED08-0011-19	1	July 1, 2008	ESS
5. CONTRACTOR NAME AN	D ADDRESS:		
Southwest Education center			
4433 N. 7 th Street			
Phoenix, AZ 85014			
6. AUTHORITY FOR MODIF	ICATION: Special Terms and Co	nditions, page 7, paragraph 5A, Op	tion to Extend the Term of the
Contract, and Uniform Terms as	nd Conditions, page 14, paragraph	5A, Contract Changes, Amendmen	nts
7. PURPOSE OF MODIFICAT	ION: To extend the contract an a	dditional year and initiate a new p	icing schedule

8. THE AROVE REFERENCED AGREEMENT IS HERERY MODIFIED AS FOLLOWS

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
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CONTRACTOR: ARIZONA DEPARTMENT OF EDUCATION:				
·				
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: Les Mu			
TYPED NAME:	TYPED NAME:			
LAURA BREESER	Douglas C. Peeples, MBA, CPPB, CPCM			
TITLE:	TITLE:			
Principal	Procurement Administrator			
DATE: 6/27/08	DATE: 6/27/08			

S.W. EDYCATTON CENTER TYPE SCHOOLFACHTY NAME HERE

ATTACHMENT 6:1 FEE SCHEDULE PART L AMENDMENT FOR FY 2008-2009

Please complete for each category you are approved to serve:

Disability Category	Daily Raio	Daysin Galendar	Armual Rate
A: Autism	170.00	180	\$30600
EDP: Emotional Disability/Separate Facility/Private School	136.00	180	\$24480
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served)	170.00	180	\$30600
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served)			
MIMR: Mild Mental Retardation	170.00	180	\$30600
MOMR: Moderate Mental Retardation	170.00	180	\$30600
OHI: Other Health Impairment	136.00	180	\$24480
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	136.00	180	\$24480
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation	170.00	180	\$30600
TBI: Traumatic Brain Injury	136.00	180	\$24480
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within ____ calendar days after acceptance of goods and/or services, the above quoted price, xcluding sales tax, shall be discounted by ___%. (Refer to Uniform Instructions To Offerors for discount requirements.)

SOUTHWEST ENGLATION TYPE SCHOOLFACILITY NAME HERE

ATTACHMENT 6.1 FEE SCHEDULE PARTIL AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$85
Occupational Therapy	YES	NO	\$100
Physical Therapy	YES	NO	\$100
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	No	NØ	
Psychoeducational Assessments	NØ	No	
Psychological Services	YES	YES	
Recreation	NO	NÓ	i frague en en refeit
School Health Services	No	NØ	
Medical	NO	NO	
Transportation	YES	NÓ	See Attachment
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	NO	Daily Rate

Check all grades for wh		지배하는 글로마 하지만 하다 하다.		
☐ PreSchool	ergarten 🗵 First	⊠ Second ⊠ Ti	nird 🛛 Fourth	⊠ Fifth
⊠ Sixth ⊠ Sev	enth 🔲 Eighth	⊠ Ninth ⊠ Te	enth 🛭 Eleventh	



Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:		
ED08-0011-20	1	July 1, 2008	ESS		
5. CONTRACTOR NAME AND	ADDRESS:				
The ACES					
6815 West Cactus Road					
Peoria, AZ 85381					
	at a second of the second of t				
6. AUTHORITY FOR MODIFIC	CATION: Special Terms and Con	ditions, page 7, paragraph 5A, Op	tion to Extend the Term of the		
Contract, and Uniform Terms an	d Conditions, page 14, paragraph	5A, Contract Changes, Amendmen	its		
A DIMPOSE OF MODIFICATI	F DUDDOCK OF MODIFICATION. To the last of the distinction and initiate a new printing schedule				

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
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IN WITNESS WHEREOF THE PARTIES HER	ETO SIGN THEIR NAMES IN AGREEMENT.			
CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:			
The Great				
SHOWATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:)			
TYPED NAME: Francie Austra, M.E.D.	TYPED NAME: Douglas C. Peeples, MBA, CPPB, CPCM			
TITLE: Vesident	TITLE: Procurement Administrator			
DATE: 7-3.08	DATE: 6/27/08			

THE ACES TYPE SCHOOL/FACILITY NAME HERE

Please complete for each category you are approved to serve:

A: Autism	1772.00	187	32,164
EDP: Emotional Disability/Separate Facility/Private School	145.00	\&]	27,115
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served)			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served)			
MIMR: Mild Mental Retardation	145.00	181	27,115
MOMR: Moderate Mental Retardation	172.00	187	32,164
OHI: Other Health Impairment	145.00	187	27,115
OI: Orthopedic Impairment		ii grindi	growing in a conser
PMD: Preschool-Moderate Delay			ikip <u>leries, a sa</u> t
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			- Markara II — gaja ka ari
SLD: Specific Learning Disability	145.00	187	27,115
SLI: Speech/Language Impairment	<u></u>	-44 3/10/2014	<u> </u>
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury		<i>41.176</i> jan 1-18	
VI: Visual Impairment	Arman da		antifelioù de tra e l'holding event d'ordinat dist
Alternative General Education: for At-Risk students			

If payment is made within ____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by O %. (Refer to Uniform Instructions To Offerors for discount requirements.)

THE ACES TYPE SCHOOLFACILITY NAME HERE

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	PLEASE INDICATE	PLEASE INDICATE	124.00
Occupational Therapy	PLEASE INDICATE	PLEASE INDICATE	124.00
Physical Therapy	PLEASE INDICATE	PLEASE INDICATE	
Audiology	PLEASE INDICATE	PLEASE INDIGATE	prámilius, se se
Pre-vocation/Vocational	PLEASE INDICATE	PLEASE INDICATE	
Counseling/Guidance for Students	PLEASE INDICATE	PLEASE INDICATE	124.00
Parent Counseling and Training	PLEASE INDICATE	PLEASE INDICATE	
Psychoeducational Assessments	PLEASE INDICATE	PLEASE INDICATE	150.00-500.
Psychological Services	PLEASE INDICATE	PLEASE INDICATE	
Recreation	PLEASE INDICATE	PLEASE INDICATE	<u> Andrewska da uzak zaja</u>
School Health Services	PLEASE INDICATE	PLEASE INDICATE	er Ladio performánio de la como
Medical	PLEASE INDICATE	PLEASE INDICATE	gripakuugen Leissaan e
Transportation	PLEASE INDICATE	PLEASE INDICATE	Negotiable
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDIGATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	<u>agi</u> stiki ji aya masa
Extended School Year	PLEASE INDICATE	PLEASE INDICATE	12000/14200

C	heck all grad	es for which you	are approved:			momr Students
	☐ PreSchool	⊠Kindergarten	⊠First √]Second ⊠ Third		⊠ Fifth
	⊠ Sixth	⊠ Seventh	区 Eighth 区	Ninth 🔀 Tenth	i ∭ Eleventh	X Twelfth



1. AGREEMENT NO.:

ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

3. EFFECTIVE DATE:

4. PROGRAM OFFICE:

ED08-0011-21	1	July 1, 2008	ESS
5. CONTRACTOR NAME AND AI The Aurora School 17667 N. 91 st Avenue Peoria, AZ 85382	DDRESS:		
	_	Conditions, page 7, paragraph 5A, Option oh 5A, Contract Changes, Amendments	to Extend the Term of the
7. PURPOSE OF MODIFICATION	: To extend the contract an	additional year and initiate a new pricing	g schedule

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

2. MODIFICATION NO.:

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
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CONTRACTOR:	ARIZONA DEPARTMENT OF EDUCATION:			
The Aurora School LLC.				
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:			
Dr. Shew Corner	NED eggle			
TYPED NAME	TYPED NAME: U			
Dr. Sherry Jones	Douglas C. Peeples, MBA, CPPB, CPCM			
TITLE:	TITLE:			
Director of Education	Procurement Administrator			
DATE: 7/03/08	DATE: 6/27/08			

THE AURORA SCHOOL TYPE SCHOOL/FACILITY NAME HERE

ease complete for each category you are approved Disability Category	Danie Reile	DEVENO Calendari	Annual Rate
Andria	170.00	180	
: Autism DP: Emotional Disability/Separate Facility/Private School	150.00	180	
<u> Andrews and Andr</u>			gari (1800-1800) <u>a ji ka bar</u>
HI: Hearing Impairment ID: Multiple Disabilities (Please check combinations lerved)	170.00	180	
MD-SSI: Multiple Disabilities/Severe Sensory Impairment Please check combinations served)			
MIMR: Mild Mental Retardation	150	180	
MOMR: Moderate Mental Retardation	150	180	
OHI: Other Health Impairment	150	180	
OI: Orthopedic Impairment	Jan 200		
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	150	180	
SLI: Speech/Language Impairment	150	180	4 <u>84</u>
SMR: Severe Mental Retardation	3344691		
TBI: Traumatic Brain Injury			
VI: Visual Impairment		<u> </u>	

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Earlie V. G. E.	en e	alender days a	fter acceptan	ce of goods	and/or services	والمحمدة عالم	of reciti	rements)
If payment is n	nade within	alendar dayo d	/Pefer to Ur	iform Instru	ictions To Offer	OLZ LOL CIRCON	III IEGINI	,, 0,,,0,,,0,,
eveluding sale	nade withinc s tax, shall be disco	nuted by	(Metel to O					Turk of the

THE AURORA SCHOOL TYPE SCHOOL FACILITY NAME HERE

lease complete entire form : Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language	YES	NO	85/HR
Therapy	YES	NO	85/HR
Occupational Therapy Physical Therapy	YES	S Supplied A NO	85/HR
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	A CARLA LA LA SOCIACIÓN DE
Counseling/Guidance for Students	YES	NO	75/hr
Parent Counseling and Training	YES	NO	
Psychoeducational Assessments	YES	NO	75/hr
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	<u> Para kan mana akkada</u>
Medical	NO	NO	
Transportation	NÖ	NO	
Other: Equine therapy	YES	YES	
Other: Canine therapy	YES	YES	
Other: Art therapy	YES	YES	
Extended School Year	YES	NO	95/day

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أأم ملح عالم	aradas	for which	n vou ar	e approved:

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☑ Tenth ☑ Eleventh ☑ Twelfth ⊠ Ninth ⊠ Eighth Seventh
 ■ ⊠ Sixth



Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

I. AGREEMENT NO.:	2. MODIFICATION NO.:	J. EFFECTIVE DATE:	4. FROGRAM OFFICE:
ED08-0011-22	1	July 1, 2008	ESS
5. CONTRACTOR NAME AN	D ADDRESS:		
Childrens Center for Neurod	evelopmental studies		
5430 West Glenn Drive	• .		
Glendale, AZ 85301			
,			
6. AUTHORITY FOR MODIF	ICATION: Special Terms and Co	nditions, page 7, paragraph 5A, Op	tion to Extend the Term of the
Contract, and Uniform Terms at	nd Conditions, page 14, paragraph	5A, Contract Changes, Amendmer	nts
7. PURPOSE OF MODIFICAT	ION: To extend the contract an a	dditional year and initiate a new pr	icing schedule

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

The second security of the second sec

- A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
- B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT. INVITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.						
CONTRACTOR: for Neurodavelopmental Studies 5430 W. Giann Drive Gendale, AZ 65301	ARIZONA DEPARTMENT OF EDUCATION:					
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE) Legla					
TYPEDNAME: James Phul	TYPED NAME: // Douglas C. Peeples, MBA, CPPB, CPCM					
TITLE: Special Education Confinator	TITLE: Procurement Administrator					
DATE: 7/2/08	DATE: 6/87/08					

The Children's Center for Neurodevelopmental Studies

Please complete for each category you are approved to serve:

A: Autism	183.00	180	32,940.00
EDP: Emotional Disability/Separate Facility/Private School	183.00	180	32,940.00
HI: Hearing Impairment	N/A	N/A	N/A
MD: Multiple Disabilities (Please check combinations served)	183.00	180	32,940.00
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served)	183:00	180	32,940.00
MIMR: Mild Mental Retardation	183.00	180	32,940.00
MOMR: Moderate Mental Retardation	183,00	180	32,940.00
OHI: Other Health Impairment	183,00	180	32,940.00
OI: Orthopedic Impairment	183.00	180	32,940.00
PMD: Preschool-Moderate Delay	146.00	180	26,280.00
PSD; Preschool-Severe Delay	146.00	180	26,280.00
PSL: Preschool-Speech/Language Delay	146.00	180	26,280.00
SLD: Specific Learning Disability	183.00	180	32,940.00
SLI: Speech/Language Impairment .	183.00	180	32,940.00
SMR: Severe Mental Retardation	. 183.00	180	32,940.00
TBI: Traumatic Brain Injury	N/A	N/A	N/A
VI: Visual Impairment	N/A	N/A	N/A
Alternative General Education: for At-Risk students			

If payment is made within ____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ___%. (Refer to Uniform Instructions To Offerors for discount requirements.)

The Children's Center for Neurodevelopmental Studies

Please complete entire ford

Related Services	Related Services Available?		Rate/unit (if not included)	
Speech/Language Therapy	YES	YES		
Occupational Therapy	YES	YES		
Physical Therapy	NO	NÖ		
Audiology	NO	NO		
Pre-vocation Vocational	YES	YES		
Counseling/Guidance for Students	ŃŌ	NÓ		
Parent Counseling and Training	NO	NO		
Psychoeducational Assessments	NO	NO		
Psychological Services	NO	NO		
Recreation	YES	YES		
School Health Services	NO	NÓ		
Medical	NO	NÓ		
Transportation	ŇØ	NØ		
Other:	NO	NO		
Other: Hoy-iculture	YES	YES		
Other: MUSIC	YES	YES		
Extended School Year	YES	YES	183.00 Per day	
	4.4.4.4			

One on one Aide

\$15.00 per hour

Check all grades for which you are approved:

☑ PreSchool ☑ Kindergarten ☑ First

⊠ Second ⊠ Third

⊠ Fourth

⊠ Fifth

⊠ Sixth

Seventh
 ■

⊠ Eighth

Ninth
 ■

□ Tenth



Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:		
ED08-0011-23	1	July 1, 2008	ESS		
5. CONTRACTOR NAME	AND ADDRESS:				
Upward Foundation					
6306 N. 7 th ST.					
Phoenix, AZ 85014					
6. AUTHORITY FOR MOD	DIFICATION: Special Terms and Co	nditions, page 7, paragraph 5A, Op	otion to Extend the Term of the		
Contract, and Uniform Terms and Conditions, page 14, paragraph 5A, Contract Changes, Amendments					
7. PURPOSE OF MODIFICATION: To extend the contract an additional year and initiate a new pricing schedule					

- 8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:
 - A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
 - B. Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT. IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.						
CONTRACTOR: ARIZONA DEPARTMENT OF EDUCATION:						
Isoward Foundation						
SIGNATURE OF AUTHORIZED INDIVIDUAL: SIGNATURE;						
Smion Lyraham 1890-laste						
TYPED NAME:	TYPED NAME: ()					
Sharon L. Graham	Douglas C. Peeples, MBA, CPPB, CPCM					
TITLE:	TITLE:					
Director of Programs	Procurement Administrator					
DATE: 7/2/08	DATE: 6/27/08					

UPWARD FOUNDATION

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08-09

Please complete for each category you are approved to serve:

Disability Category	Dailly Raite	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			Anglet Greenen Callett
MD: Multiple Disabilities (Please check combinations served)	\$188.50	183	\$34,495.50
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) ☐SVI/SHI ☑ SVI/MOMR ☐SVI/SMR ☐SVI/EDP ☑SHI/MOMR ☐SHI/SMR ☐SHI/EDP	\$188.50	183	\$34,495.50
MIMR: Mild Mental Retardation		adolfica.	<u> </u>
MOMR: Moderate Mental Retardation	\$188.50	183	\$34,495.50
OHI: Other Health Impairment			
OI: Orthopedic Impairment	a in the said		
PMD: Preschool-Moderate Delay	\$143.75	140	\$20,125.00
PSD: Preschool-Severe Delay	\$143.75	140	\$20,125.00
PSL: Preschool-Speech/Language Delay	gayan Kar		<u>istorijā korpus paras ir jāš</u>
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment	gliga Disk		
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within <u>N/A</u> calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by <u>N/A</u> %. (Refer to Uniform Instructions To Offerors for discount requirements.)

UPWARD FOUNDATION

ATTACHMENT 6.1 FEE SCHEDULE PARTIL AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	YES	YES	and the state of t
Audiology	NO	NÓ	ere Secretaria
Pre-vocation/Vocational	ΝÓ	NO	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	NÓ	NO	25 m 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1
Recreation	NO	NO	watera Market en van zalle
School Health Services	YES	YES	
Medical	YES	YES	
Transportation	NO	NO	
Other: Music Therapy	YES	YES	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$188.50/day(K-12) \$143.75/day(PS)

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Procurement Section 1535 West Jefferson Street, Bin #37 Phoenix, Arizona 85007-3209

AGREEMENT MODIFICATION

1. AGREEMENT NO.:	2. MODIFICATION NO.:	3. EFFECTIVE DATE:	4. PROGRAM OFFICE:
ED08-0011-24	1	July 1, 2008	ESS
5. CONTRACTOR NAME AND	ADDRESS:		***
Youth Development Institute			
1830 E. Roosevelt Road			
Phoenix, AZ 85006			
L			
6. AUTHORITY FOR MODIFIC	CATION: Special Terms and Condi	tions, page 7, paragraph 5A, Option	to Extend the Term of the
Contract, and Uniform Terms an	d Conditions, page 14, paragraph 5A	A, Contract Changes, Amendments	
7. PURPOSE OF MODIFICATI	ON: To extend the contract an add	itional year and initiate a new pricin	g schedule

- 8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:
 - A. In accordance with the provisions of the Special Terms and Conditions, page 7, paragraph 5A, Option to Extend Contract Term, the State, at its sole option, has the right to extend the term of the contract for a period up to five years (60 months). The State is exercising its option at this time to extend the term of the contract for an additional 12 months. The contract now ends on June 30, 2009.
 - **B.** Fee Schedules per Attachment 6.1 of the original contract are replaced with the attached 08/09 Fee Schedules.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.				
ETO SIGN THEIR NAMES IN AGREEMENT.				
ARIZONA DEPARTMENT OF EDUCATION:				
SIGNA/TURE:				
NCO Legaler				
TYPED NAME:				
Douglas C. Peeples, MBA, CPPB, CPCM				
TITLE:				
Procurement Administrator				
DATE: 6/27/08				

Youth Development Institute

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08/19

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Daysin Calendar	Annual Rate
A: Autism	\$128.00	180	\$23,040
EDP: Emotional Disability/Separate Facility/Private School	\$128.00	180	\$23,040
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served)			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served)			
MIMR: Mild Mental Retardation	\$128.00	180	\$23,040
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$128.00	180	\$23,040
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$128.00	180	\$23,040
SLI: Speech/Language Impairment			<u>ann an tha an air an t-airte an</u> An
SMR: Severe Mental Retardation			A STATE OF THE STA
TBI: Traumatic Brain Injury	\$128.00	180	\$23,040
//: Visual Impairment	operation and the large of		
Alternative General Education: for At-Risk students	\$128.00	180	\$23,040

If payment is made within __ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by __ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Youth Development Institute

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08/09

Please complete entire form	est o	. 1	٠.
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Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	PLEASE INDICATE	PLEASE INDICATE	
Occupational Therapy	PLEASE INDICATE	PLEASE INDICATE	
Physical Therapy	PLEASE INDICATE	PLEASE INDICATE	
Audiology	PLEASE INDICATE	PLEASE INDICATE	
Pre-vocation/Vocational	PLEASE INDICATE	PLEASE INDICATE	
Counseling/Guidance for Students	PLEASE INDICATE	PLEASE INDICATE	
Parent Counseling and Training	PLEASE INDICATE	PLEASE INDICATE	
Psychoeducational Assessments	PLEASE INDICATE	PLEASE INDICATE	
Psychological Services	PLEASE INDICATE	PLEASE INDICATE	
Recreation	PLEASE INDICATE	PLEASE INDICATE	
School Health Services	PLEASE INDICATE	PLEASE INDICATE	
Medical	PLEASE INDICATE	PLEASE INDICATE	
Transportation	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	PLEASE INDICATE	PLEASE INDICATE	\$128x30dys=\$3,840

Check all grades for which you are approved:	강말 맞으면 하는데 얼룩하는 다시 아들이 얼마는 것이다.
	(1925년 1일
☐ PreSchool ☐ Kindergarten ☐ First ☐ Second ☐	Third ☐ Fourth Fifth
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Sixth	Tenth 🕅 Fleventh 🥅 Twelffl